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# **Circular Letter**

**TO: ALL PEMHCA CONTRACTING SCHOOL DISTRICTS AND PUBLIC AGENCIES HEALTH BENEFITS OFFICERS AND ASSISTANT HEALTH BENEFITS OFFICERS**

**SUBJECT: REQUEST FOR FEDERAL EMPLOYER IDENTIFICATION NUMBER**

This Circular Letter requests an immediate response from employers to send CalPERS their Federal Employer Identification Number (FEIN) **no later than December 10, 2009.**

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## **I. BACKGROUND AND PURPOSE OF THE FEIN COLLECTION**

The Medicare Secondary Payer Mandatory Insurer Reporting (MSP-MIR) requirement of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) includes a Group Health Plan (GHP) requirement that obliges health plans to report certain information to the Centers for Medicare & Medicaid Services (CMS), the federal agency that regulates the Medicare program.

The CalPERS Health Benefits Branch and the contracted health plans have not routinely collected the FEIN number from Public Agency employers. Therefore, some of our Health Plan Partners have started collecting information independently to meet the Federal mandates.

To assist our Health Plan Partners in this collection effort, CalPERS is requesting all contracting Public Agency employers provide their FEIN to CalPERS. To meet this federal mandate, the FEIN, along with the Health Benefits Officer contact information will be forwarded to our Health Plan Partners.

To obtain additional information on the official CMS regulations and memos specific to MSP-MIR, please visit the CMS website at [www.cms.hhs.gov/MandatoryInsRep/](http://www.cms.hhs.gov/MandatoryInsRep/).

## II. REQUIRED INFORMATION TO BE SUBMITTED TO CALPERS

CalPERS requests your immediate response **no later than December 10, 2009**.

Please respond with the following information illustrated in the chart below either by e-mail at Report-FEIN@calpers.ca.gov or by fax (916) 795-3198 (Attention: FEIN).

EMPLOYER BUSINESS NAME			
CalPERS EMPLOYER(ER) CODE			
EMPLOYER TAX ID NUMBER (FEIN)*			
HEALTH BENEFITS OFFICER NAME		CONTACT PHONE	
STREET ADDRESS		CITY	
STATE		ZIP CODE	

*\*Provide **the** Employer Tax Identification Number for your individual agency or the number of your parent organization.*

If you have any questions about the information provided in this Circular Letter, please contact the CalPERS Employer Contact Center at **888 CalPERS** (888-225-7377).

Sincerely,

Holly A. Fong, Chief  
Office of Employer and Member Health Services